

RURAL DISTRICT OF MERE AND TISBURY

Annual Report
of The Medical Officer of Health
INCORPORATING
The Report of The Chief Sanitary Inspector
FOR THE YEAR 1955

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF SANITARY INSPECTOR
FOR THE YEAR 1955**

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the District during 1955.

The report of the Chief Sanitary Inspector, Major T. A. Brown, is incorporated, and provides detailed information in regard to sanitary circumstances in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and of my colleagues in other Departments of the Council.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN.

Medical Officer of Health.

INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report :

1. In the " Vital Statistics " Section :—

The " adjusted " general death rate of 11.3 per 1,000 is about the same as for England and Wales and three quarters of it was due to disease of the heart and circulation.

The " nil " maternal mortality rate.

The low infant mortality rate of 17.0 per 1,000 live births.

The very low tuberculosis mortality rate of less than 0.1 per 1,000.

Cancer of the lung, in males, shows an increase as a cause of death.

2. In the " Communicable Disease " Section :—

The District was generally fortunate in having a general low incidence of notifiable communicable diseases, and in a low tuberculosis notification rate of less than 0.1 per 1,000.

Preventive " immunisation " of children against diphtheria and against smallpox still falls short of the desired extent.

3. In the " Environmental Public Health, and Food " Section :—

Comments on the water supplies and on the progress of the Regional Water Scheme are made, also notes about deficiencies in sewage disposal arrangements in Mere, Tisbury and East Knoyle and lack of suitable drainage or sewage disposal in other parts.

Attention is drawn to needed improvements in refuse collecting and disposal, and the need to pay special attention to the supervision of hygienic practice of food handling and processing. This applies to catering establishments as regards inspection, but during housing inspections inadequate arrangements to facilitate hygienic food handling are often found. New powers and duties are laid on the Council by the Food & Drugs Act 1955, and the Food Hygiene Regulations, 1955.

In Housing, in spite of the substantial amount of work done by the Council in finding Council Houses, there is still a real need for more housing accommodation for people at present without their own accommodation, or to replace those who are now living in worn out or insanitary buildings in the " condemned " class.

During the year, with the ever increasing amount of work in this section of Public Health, a return was made to the earlier system of establishment, with two Sanitary Inspectors on the Staff.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health : F. JOHN G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).

Chief Sanitary Inspector : Major T. A. BROWN, M.S.I.A.

Sanitary Inspector : H. SHARRATT, M.S.I.A. (Appointed 1/10/55)

Clerk : Miss M. A. RYAN

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under arrangements made in 1954, acts as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint appointment is allocated to the Mere and Tisbury Rural District Council.)

The Sanitary Inspectors also hold appointments as Surveyors, 84% of time being allocated to Sanitary Inspector's duties.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	..	26
Area in Acres	..	..	..	..	..	..	..	71,319
Population, 1951 Census	..	..	..	..	..	..	..	11,450
Population, Registrar General's Estimate for mid Year	..	..	..	..	..	..	..	11,230
Density of population—people per acre	..	..	..	..	..	..	..	0.16
Number of inhabited houses or flats	..	..	..	..	..	..	..	3,411
Number of applications for Council Housing at end of the year	..	..	..	..	..	..	..	226
Rateable Value	..	..	..	..	..	..	..	£52,602
Product of a penny rate	..	..	..	..	..	..	..	£206
Rateable Value as from April, 1956	..	..	..	..	..	..	increased to	£94,056
Giving product of a penny rate an increase to	..	..	..	..	..	..	..	£375

VITAL STATISTICS

TABLE I—BIRTHS AND BIRTH RATE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	85	83	168
Illegitimate	6	2	8
Total	91	85	176
STILL BIRTHS—Legitimate	2	0	2
Illegitimate	0	0	0
Total	2	0	2

Comparability Factor for Births	..	..	..	..	..	1.15
(This compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales, and with similarly adjusted birth rates in other areas.)						
Live Birth Rate—Crude (Births per 1,000 population)	..	..	..	..	..	15.6
Live Birth Rate as adjusted by Comparability Factor	..	..	..	..	..	17.9
Live Birth Rate for England and Wales; for comparison (1955)	..	..	..	..	..	15.5
Live Birth Rate for Wiltshire; (as adjusted) previous year (1954) for comparison	..	..	..	..	..	17.3

Comment

The Registrar General's Estimate of mid year population of the Rural District shows a very slight fall, and so does the birth rate, the "adjusted" birth rate for 1953 being 19.3, and for 1954, 18.75, per 1,000.

TABLE II—DEATHS AND DEATH RATES

					<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of Deaths	..	..	..	..	81	77	158
Crude Death Rate per 1,000 population	..	..	..	..	..	..	14.1
Comparability Factor for Deaths	..	..	..	..	..	..	0.80

Comment. This factor, being substantially less than unity indicates that the age distribution of the local population is more elderly than that of the country as a whole.

Death Rate as adjusted by Comparability factor	..	..	..	..	..	..	11.3
Death Rate for England and Wales for comparison (previous year)	..	..	..	..	..	..	11.7
Death Rate for Wiltshire (adjusted) previous year	..	..	..	..	..	..	10.21

Comment. The Death Rate for the Rural District is raised, but the adjusted death rate, to make allowances for the more elderly population, is more favourable, being very close to the national figure.

NATURAL INCREASE

Increase of Live Births over deaths for the year	..	..	..	..	..	..	18
Rate of Natural Increase, per 1,000 of Population	..	..	..	..	..	..	1.6

TABLE III—INFANT MORTALITY

(A) INFANT DEATHS

<i>Under 1 year old</i>			<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	..	1	2	3
Illegitimate	..	..	0	0	0
			—	—	—
Total	..	..	1	2	3
			==	==	==
<i>Under 4 weeks old</i>			<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	..	1	2	3
Illegitimate	..	..	0	0	0
			—	—	—
Total	..	..	1	2	3
			==	==	==

(B) INFANT MORTALITY RATES (per 1,000 Live Births)

General Infant Mortality Rates (under 1 year old)	..	..	..	17.0
Neonatal Infant Mortality Rates (under 4 weeks old)	..	..	..	17.0
<i>Previous year, for Comparison</i>				
General Infant Mortality Rates—Mere and Tisbury Rural District	..	..	..	22.6
—England and Wales	..	..	..	25.5
—Wiltshire	..	..	..	24.9

Comment on Table III

The relatively low Infant Mortality Rate for the Rural District is satisfactory but the relatively small number of infant deaths and births make the calculated "rates" subject to a big chance factor. The addition of each single death making a difference in the "rate" equivalent to 6 per 1,000 births.

It will be noted that each of the infant deaths occurred under the age of 4 weeks, during the "neonatal" period, when infants are especially vulnerable.

The national infant mortality rate for the previous year (1954), of 25.5 was a record low figure for the country, so the local infant mortality rate of 17.0, bearing in mind the large "chance" factor, statistically, is particularly satisfactory.

TABLE IV—Certain “ Specific ” Death rates in Inverse “ Health Index ” Value (Rates per 1,000 population, except for maternal rate)

(1)	Deaths due to Tuberculosis (all forms) (both sexes)	..	..	..	..	1.0
	Tuberculosis Death Rate	..	..	..	..	*0.1
	Previous year's Tuberculosis Death Rate, England and Wales for comparison	..	..	..	..	0.17
(2)	Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	..	0
	Maternal Mortality Rate—per 1,000 live and still births	..	..	..	..	0
	Previous year's Maternal Mortality Rate—England and Wales for comparison	..	..	..	..	0.7
(3)	Deaths from Cancer and related malignant diseases	..	..	..	..	22.0
	Specific Death rate from Cancer	..	..	..	..	2.0
	Previous year's Death rate from Cancer, England and Wales	..	..	..	..	4.3
(4)	Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	..	92.0
	Specific Death Rate from Heart Disease and other diseases of the circulatory system	..	..	..	..	8.2
(5)	Deaths from Accidents and Violence	..	..	..	..	8.0
	Specific death rate from Accidents and Violence	..	..	..	..	0.7

Comment

Certain of the specific “ index ” mortality rates are analysed, or broken down, in the following Table V. On the whole these “ inverse indices ” of the state of health of the community are satisfactory. All are on the low side except the rate for “ heart disease and other diseases of the circulatory system ” which constitutes three quarters of the total death rate of the district, which proportion is 50% more than for the country as a whole. Special attention is drawn to the low specific death rate from Tuberculosis and from pregnancy, child birth or abortion, (Maternal Mortality). Both these statistics are very encouraging.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to “ grouping ” the causes of death together in “ families ” or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups, labelled “A” to “G” as set out in Table V.

TABLE V—ANALYSIS OF CAUSES OF DEATH

				Male	Female	Total	Rate per 1,000
Group A—Certain Communicable Diseases							
1.	Tuberculosis—Respiratory	..	..	1	0	1	*0.1
2.	Tuberculosis—Other	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	0	0	0	0
4.	Diphtheria	..	..	0	0	0	0
5.	Whooping Cough	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	0	0	0	0
7.	Poliomyelitis	..	..	0	0	0	0
8.	Measles	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (other than Influenza and Pneumonia)	..	..	0	0	0	0
Total Group A				1	0	1	*0.1

* “ less than ”

Group B—Cancer and related Malignant Diseases

				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
10.	Malignant Neoplasm—Stomach	..	..	1	0	1	
11.	Lung or Bronchus	..	..	5	1	6	
12.	Breast	..	..	0	3	3	
13.	Uterus	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	5	7	12	
15.	Leukaemia or Aleukaemia	0	0	0	
	Total Group B	<u>11</u>	<u>11</u>	<u>22</u>	<u>2.0</u>

Group C—Diabetes

16.	Diabetes	0	0	0	0
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Group D—Heart and Other Diseases of Circulatory System

17.	Vascular Lesions of Nervous System	9	22	31	
18.	Coronary Disease or Angina	..	..	19	5	24	
19.	Hypertension with Heart Disease	..	..	3	3	6	
20.	Other Heart Diseases	..	..	11	14	25	
21.	Other Circulatory Diseases	..	..	1	5	6	
	Total Group D	..	..	<u>43</u>	<u>49</u>	<u>92</u>	<u>8.2</u>

**Group E—Respiratory Disease
(other than Tuberculosis)**

22.	Influenza	..	..	..	..	1	4	5	
23.	Pneumonia	..	..	..	..	4	2	6	
24.	Bronchitis	..	..	..	..	3	1	4	
25.	Other Diseases of Respiratory System	..	..	..	..	0	0	0	
	Total Group E	..	..	..	..	<u>8</u>	<u>7</u>	<u>15</u>	<u>1.3</u>

Group F—(Miscellaneous)

26.	Ulcer of Stomach and Duodenum	..	..	3	0	3	
27.	Gastritis, Enteritis and Diarrhoea	..	..	0	1	1	
28.	Nephritis and Nephrosis	..	..	2	1	3	
29.	Hyperplasia of prostate	..	..	2	0	2	
30.	Pregnancy, Childbirth, Abortion	..	..	0	0	0	
31.	Congenital Malformation	..	..	0	2	2	
32.	Other Defined and Ill-Defined Diseases	..	..	3	6	9	
	Total Group F	..	..	<u>10</u>	<u>10</u>	<u>20</u>	<u>2.1</u>

Group G—Accidents and Violence

				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
33.	Motor Vehicle Accidents			4	0	4	
34.	All other Accidents			3	0	3	
35.	Suicide			0	0	0	
36.	Homicide and operations of war			1	0	1	
	Total Group G			8	0	8	0.7
37.	All Causes			81	77	158	14.1

Comment on Table V

Diseases of the Heart and Circulatory System (rate 8.2 per 1,000) has risen from 5.4 last year and account for about three quarters of the total death rate of 11.3. Contrary to the usual experience, women contributed slightly more to the Circulatory death rate than did men.

Cancer and related malignant conditions accounted for a little less than one fifth of the death rate, but Cancer of the lungs or bronchi is now the greatest single type of Cancer, and was five times commoner in males than females. This is of interest in view of the now known association between heavy smoking and lung cancer. From the communicable diseases classed in Group A there was no death, excepting one certified death from tuberculosis. There were eight deaths from accidents and violence, all male. The low death rate from Tuberculosis (all forms) is very comforting (even though people suffering and perhaps disabled, from the disease, can be kept alive much longer than formerly, and also have more chance of cure), especially as only one new case of lung tuberculosis, and none of other forms, were notified during the year.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the "pointers" towards the health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, and Diphtheria immunisation either by the "Family Doctors" or by the County Council's Medical Officers at Welfare Clinics or at specially held immunisation clinics, usually arranged at schools. Whooping cough protection was, during 1955 available only through the Family Doctors, but at the end of the year it became available through the County Council clinics for use during 1956. In this area, all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation is to be begun on a restricted scale in the late spring of 1956.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria and against smallpox, in the district.

TABLE VI—IMMUNISATION STATISTICS
DIPHTHERIA

AGE GROUP	Under 1	1	2	3	4	5—9	10—14	Total under 15
Primary immunisations completed during the year	66	40				17		123
Reinforcement injections administered during the year ..	0	8				233		241
Total immunised child population at 31st December ..	10	122	120	122	146	129* 735†	374* 458†	2216

* Immunised on or before 1.1.51 and not since.

† Immunised after 1.1.51.

SMALLPOX

AGE GROUP	Under 1	1	2—4	5—14	15 or over
“ Vaccinations ” ..	128	0	3	3	1
“ Re-Vaccinations ” ..	—	—	1	7	23

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total “ all age ” population. Mere & Tisbury R.D. has a slightly higher birth rate and usually lower death rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 11,230 are children under 15. On the basis of this estimate there would be at least 2,250 children under 15 in the district, and the total of 2,216 children under 15 immunised against diphtheria at some time is therefore excellent. But too few of these are immunised before their first birthday, indeed too few before school entry. Table VI shows that only 66 babies under twelve months and 40 aged 1—4 years were immunised during the year. More “health education” for earlier immunisation against diphtheria is indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Welfare Centres can all play their part in encouraging this. The advent and increasing popularity of whooping cough immunisation (combined with diphtheria protection), should also assist in this matter since to be of maximum value the whooping cough protection should be started before four months old, preferably at two to three months.

Table VI shows up also a poor position in regard to smallpox immunisation (“ Vaccination ”) for though 128 children under age 1 were immunised the total “ Vaccinations ” and re-“ Vaccinations ”, added together for all other ages, only amounted to 38. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this District is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics of this work are not at present available for the District.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The communicable diseases notified during the year are set out in Table VII.

Measles (72 cases) composed the bulk of the 88 notified cases. Among the 16 others, one was a case of respiratory tuberculosis and 8 were whooping cough. Two cases of food poisoning were notified in the district. The year was one of the alternate years for measles in this part of England. The previous year there were 20 measles cases notified.

As there was only 1 newly notified case of Tuberculosis (respiratory) during the year, the notification rate of less than 0.1 per 1,000 is very low.

TABLE VII—NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

	<i>Sub</i>	<i>Total (main disease)</i>	<i>Group Total</i>
1. Tuberculosis			
(a) Respiratory	1		
(b) Meninges and Nervous system	0		
(c) Other Forms	0		
(d) Group Total			1
2. Other Respiratory Notifiable Diseases			
(a) Whooping Cough		8	
(b) Pneumonia Acute		3	
(c) Group Total			11
3. Diphtheria	0	0	0
4. Meningococcal Infection	0	0	0
5. Virus Diseases of Nervous System			
(a) Poliomyelitis—Paralytic	0		
(b) Poliomyelitis—Non-Paralytic	0		
(c) „ —Total		0	
(d) Encephalitis—Infective	0		
(e) Encephalitis—Post Infectious	0		
(f) „ —Total		0	
(g) Group Total			0
6. Other Notifiable Virus Diseases			
(a) Measles (excluding Rubella)		72	
(b) Smallpox		0	
(c) Group Total			72

				<i>Sub</i>	<i>Main Disease</i>	<i>Group Total</i>
7. Alimentary Infection or Poisons						
(a)	Dysentery—Bacterial	..	..	..	0	
(b)	Dysentery—Other	..	..	..	0	
(c)	„ —Total	..	..	..	0	
(d)	Typhoid Fever	..	..	..	0	
(e)	Paratyphoid Fever	..	..	..	0	
(f)	Food Poisoning	..	..	..	2	
(g)	Group Total ..	..	..	..		2
8. Streptococcal Group						
(a)	Scarlet Fever	..	..	..	2	
(b)	Erysipelas ..	..	..	..	0	
(c)	Group Total ..	..	..	..		2
9. Miscellaneous Groups						
(a)	Puerperal Pyrexia	..	..	..	0	
(b)	Ophthalmia Neonatorum	..	..	..	0	
(c)	Other Notifiable Diseases	..	..	..	0	
(d)	Group Total ..	..	..	..		0
10. All “Notifiable Diseases” Total ..						88

Footnote. It is important to note that certain common communicable diseases such as influenza and mumps are not generally “Notifiable” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

TABLE VIII—FOOD POISONING

1. Notifications					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year
	0	0	0	2	2
2. “Outbreaks” due to identified Causes					
Total outbreaks — 0.			Total Cases — 0.		
	Outbreaks due to		No. of outbreaks		No. of Cases
	(a) Chemical Poisons	..	..	0	0
	(b) Staphylococci (including toxin)	..	..	0	0
	(c) Salmonella Organisms	..	..	0	0
	(d) Clostridium Botulinum	..	..	0	0
	(e) Other Bacteria	..	..	0	0
3. “Outbreaks” due to undiscovered causes					
Total outbreaks — 0.			Total Cases — 0.		
4. Isolated (Single) Cases, not grouped in “outbreaks”					
Agent identified — 2		Unknown cause — 0		Total — 2	
(Both Salmonella Typhimurium infection)					

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Welfare Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Child Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, with "chronic sick" and aged people, outside hospitals.

Since 1954, your Medical Officer of Health has been associated with these services, and now spends nearly half his time working for the County Council, principally with the School Health Services, also at Baby Clinics and at Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The care, and special educational needs, of handicapped children also comes under the School Health Services.

School Premises

The hygiene of School Premises, as most other buildings, concerns the Local Sanitary Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the serveries for school meals. The coming into operation at the end of the year of the Food Hygiene Regulations 1955 will require considerable improvement in these meal facilities, and set standards of conduct for personnel.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of body wastes (drainage, sewerage, etc.) refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of your Chief Sanitary Inspector, Major T. A. Brown, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

1. Housing

As stated in previous reports, within the limits of climate, geography and type of locality, (*e.g.* agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, (radios, late "nights" etc.) over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved for more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments (flats), though these are daunting enough. Many people are living in unsuitable accommodation who have not applied for Council Housing, but at the end of the year there were still 226 actual applications for Council Housing on the waiting list.

Last year, in his annual report, your Sanitary Inspector referred to the Housing Survey carried out in the Rural District completed in 1951, and which is still the most up-to-date survey available in this district. The work has not been fully repeated, only reviewed, for the purposes of the Housing Repairs & Rents Act, 1954. In this large scale survey, however, out of the 2,643 houses with rateable value under £12 inspected, nearly half was considered to be, in their present condition, unfit for habitation in accordance with the standard current in Wiltshire.

At the end of 1955, there were 3,411 inhabited houses in the Rural District, so if one can use the 1951 survey result as a guide, disregarding new houses built since 1951 there would only be about 768 houses, not covered by the survey with rateable value of £12 or over per annum. And it would not be justifiable to assume that *all* houses of rateable value £12 or more are "fit" for habitation. The Council made 108 Improvement Grants under the Housing Acts of 1949 & 1954, for the alteration and improvement of sub-standard houses to assist in their being provided with proper washing and sanitary facilities, and in other respects bringing them up to standard; a true "salvage" operation and a real contribution towards a reduction in the housing problem.

2. Water Supplies

Out of the 3,411 inhabited houses, 1999 had, at the end of the year, a piped supply to the house itself, another 54 having a supply to a "standpipe" nearby only. It seems unlikely that this position will change much until the Council's "Regional" Water Supply Scheme to cover the District is implemented. So far, only thirteen of the twenty six parishes have water supplied by the Rural District Council.

In his report, Major Brown outlines the progress of the Regional Water Supply Scheme, under which all twenty-six parishes will be served, Part 3 of the scheme was being implemented in 1955 and part 4 is planned to begin early in 1956.

As regards quality, the results of sampling and analyses of the public supplies were good. Of the private supplies or sources sampled nearly three-quarters were unsatisfactory for drinking without boiling or other treatment.

Chemical analysis of the water from the main source of the Regional Supply, at Barton Fields, Mere, while otherwise good, showed that the Fluoride Content of the water was only 0.2 parts per million, which is only one fifth of the desirable 1 part per million for promoting the growth of strong, decay resisting teeth in the formative phases.

3. Drainage and Sewerage

Among the five sewerage systems maintained by the Council, those at Hindon and Zeals were working well, those at Mere, Tisbury and East Knoyle were inadequate and unsatisfactory. The scheme for new sewerage works at Tisbury was approved by the Minister of Housing and Local Government and work is to begin early in 1956.

There is a "private" sewerage scheme at Maiden Bradley (for which negotiation for taking over by the Council, and improvement, are still in progress), and small schemes serving a few houses at Berwick St. John and at the United Dairies Depot at Semley.

When the housing survey of 1951 was completed there were still 1,254 houses out of the 2,643 houses surveyed rated at under £12 per annum, which had only the unhygienic and inconvenient pail closet. These pail closets are usually outside the house, and used without any disinfecting, deodorising and fly-repelling chemical. The use of a suitable chemical, even in the primitive pail closet, can greatly improve its safety and odour, also reduce the fly nuisance, though, of course, it cannot compare with the convenience of an inside water closet placed in a bathroom, or, if in a separate compartment, with a washbasin in the same compartment. A good "chemical" can also greatly reduce the risk of pollution of wells, etc., when disposing of the contents of the pail closets, and some kinds of "chemical" can be used for garden disposal without significantly interfering with manurial value.

Drainage into Streams.

Several cases of pollution by house drainage (mainly sullage water) of small village streams are causing trouble, particularly when weather is hot and dry, and there is little or no natural flow in the water course.

4. Refuse Collection and Disposal

Improvements are indicated in the present arrangements, increasing the frequency of collection in those parts of the district at present served only once a month, and in disposal places. New disposal grounds are urgently necessary, present grounds being inadequate and nearing saturation. Furthermore very little in the way of "controlled" tipping, with proper coverage to prevent unsightliness and fly access can be done.

5. Food Hygiene

Milk sampling results in the District have been good, both as regards cleanliness and the "safety" tests, by guinea pig inoculation. Of 50 "biological" samples taken for the latter during the year (41 being from T.T. milk), all were negative to Tuberculosis and all except one negative to Brucella.

The milk with the positive Brucella sample was not consumed raw, but was followed up, with Veterinary advice obtained privately. The follow-up samples from this village supply became negative to Brucella.

The coming into force of the Food Hygiene Regulations 1955, at the end of the year, made under the Food & Drugs Act 1955, place many new duties and powers on the Council to enforce improved standards of accommodation, equipment, and in personnel behaviour, on all food premises and food establishments. These will apply to cafes, restaurants, hotels, schools serving meals, public houses, including those serving only drinks, nursing homes and hospitals. They will provide a valuable and very necessary impetus to more hygienic preparation and serving of food, dish and utensil washing, and will require much time from the staff to supervise all the establishments.

F. J. G. LISHMAN,

May, 1956.

MERE AND TISBURY RURAL DISTRICT COUNCIL **ANNUAL REPORT OF THE SANITARY INSPECTOR**

Showing Sanitary Circumstances of the Area for the Year Ending 31st December, 1955.

STAFF

T. A. BROWN, M.S.I.A., Sanitary Inspector
 H. SHARRATT, M.S.I.A., Additional Sanitary Inspector (Appointed 1st October, 1955)
 Miss M. A. RYAN, Shorthand Typist/Clerk (two-thirds time)
 (one-third time for Waterworks Manager).

References Circulars—28/46; 13/47; 7/48; 2/50; 1/54; 28/54.

MERE AND TISBURY RURAL DISTRICT COUNCIL **ANNUAL REPORT OF THE SANITARY INSPECTOR** **FOR THE YEAR 1955**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report of the work carried out by the Public Health Department of the Council for the year 1955.

T. A. BROWN,
Sanitary Inspector.

GENERAL INFORMATION

The District is mainly agricultural in its pursuits with a widely scattered population averaging one person to 6 acres. Natural and social conditions do not vary much. The total number of Farms in the district is 372 with approximately 14,000 head of cattle.

Area : 71,319 acres
 Population : 11,450 (1951 census)
 No. of inhabited houses : 3,411
 Rateable Value : £52,602
 Penny Rate Yields : £206

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re	Water Supply	..	..	..	..	48
"	"	re	Drainage	..	..	..	178
"	"	re	Moveable Dwellings (Section 269)	..	..	..	16
"	"	under	Factories Act	..	..	..	50
"	"	re	Infectious Diseases	..	..	..	22
"	"	re	Verminous or filthy premises	..	..	..	14
"	"	re	Miscellaneous Complaints	..	..	..	132
"	"	to take	Water Samples	..	..	..	16
"	"	re	Aged and Infirm Persons	..	..	..	18

Housing

Number of Inspections and Visits under Housing Act 1936	..	..	..	53
„ „ „ „ „ under Housing Acts 1949/1952	..	..	..	445

Meat and Food Inspection

Number of Visits to Slaughterhouses approx.	..	..	..	..	..	108
„ „ „ to Shops and Premises	..	..	..	..	..	36
„ „ „ to Dairies	..	..	..	..	..	12
„ „ „ to Cafes	..	..	..	..	..	10
„ „ „ re Ice Cream	..	..	..	..	..	14
„ „ „ re Water Cress	..	..	..	..	..	16

HOUSING

Housing Subsidies

It is too early at this stage to forecast the implication of these new subsidies in connection with the Council's Housing Programme.

Briefly in a sense the new Housing Subsidies Bill gives considerable freedom to Local Authorities to operate their Housing Policy on a local basis but with a reduction in the Government assistance. The emphasis is, however, clearly on the following:—

1. **Slum Clearance.**
2. A reduction in Government exchequer subsidies on general housing, other than slum clearance.
3. A reduction depending on local conditions in the degree to which the Ratepayers, as a body, support and assist the tenants of Council Houses.
4. Rationalisation of Rents for some types of houses.
5. Some degree of differential Rents, even if only dealing with hardship cases, aged persons, housing and re-housing of slum dwellers.

Efforts to produce a soundly constructed but cheap house, by use of modern materials and economical structural design and lay-out must therefore be considered.

Encouragement should also be given to individuals to build private enterprise dwellings by way of loans, selling of sites, etc.

IMPROVEMENT GRANTS

Considerable progress has been made to improve sub-standard cottages with the aid of a Grant.

105 Grants were approved by the Council and at the end of the year the majority of these were nearing completion.

The advantages derived in assisting owners by this method to bring dwellings up to a reasonable standard of fitness more than compensates the Ratepayers' contribution.

It is true of course that many Owner Occupiers have taken advantage but, nevertheless, there is evidence that Estate owners and individual Landlords are beginning to realise the immense importance of this financial assistance.

Opinions differ as to the justification of sanctioning the expense but the overriding factor is that many of these sub-standard cottages would, in the course of time, have been earmarked for demolition.

It must be borne in mind too that the Rateable value of the Grant aided cottage is, in many cases, considerably increased.

Housing Acts, 1936-1954

Steady progress continues with regard to the repair of dwellings under Section 9, Housing Act, 1936 and Demolition under Section 11 of the Act. Of late years, owing to the economic conditions, little headway has been made.

It is expected that within the next three years considerable effort will be made to accelerate this important work.

HOUSING STATISTICS FOR 1955

HOUSING ACT, 1936

HOUSING ACT, 1949

HOUSING REPAIRS AND RENTS ACT, 1954

Total number of permanent dwellings in the local authority's area	3411
Total number of permanent dwellings owned by local authority	501

Part 1. The total problem:

(i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or section 25 of the Housing Act, 1936	77
(ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i)	5

Part 2. Orders already made, etc.:

(iii) Number of houses in (i) clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority.	—
(iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative	—

Part 3. Action in the first five years :

(v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years	—
(vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister	—
(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under section two of the Housing Repairs and Rents Act, 1954, for temporary accommodation	—
(viii) Number of houses under (iii), (iv), (v), and (vi) to be demolished in the five years	—
(ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 2 of the Housing Act, 1936	77

	<i>Houses erected during year</i>	<i>Houses in course of erection</i>	<i>Gained from conversion of large houses or buildings into flats or dwellings</i>	<i>Lost from conversion of two or more houses to one</i>
Local Authority ..	29	6	—	—
Private Enterprise ..	21	7	8	5
TOTALS	50	13	8	5

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1954.

<i>By Local Authority</i>				<i>By Private Enterprise</i>			
315				124			
No. of temporary housing units occupied, viz. Huts, etc., ..				..	..	..	NIL
Houses required							
1. To abate overcrowding .. .. .				..	..	..	NIL
2. To overcome unsatisfactory conditions, e.g., two families living in same house but not included in 1. .. .				..	..	..	34
Total number of applicants for Council houses at the end of the year ..				..	..	..	226

Improvement Grants made under the Housing Act, 1949-54

No. of applications and houses dealt with by Local Authority:—

		(1)		(2)		(3)		(4)		(5)	
		<i>Received</i>		<i>Approved</i>		<i>Rejected</i>		<i>Under consideration</i>		<i>Withdrawn</i>	
		<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>
31.7.49 to 31.12.54	..	38	38	34	34	—	—	4	4	2	2
31.12.54 to 31.12.55	..	81	116	74	108	4	4	3	4	5	5
TOTALS	.. ..	119	154	108	142	4	4	7	8	7	7

Number of houses improved as result of grants :—

	<i>No. of grants made by Local Authority</i>	<i>Cost of grants made</i>	<i>No. of houses improved including new houses brought into use by conversion</i>
31.7.49 to 31.12.54 ..	32	£12,421	32
31.12.54 to 31.12.55	69	£28,614	103
TOTALS	101	£41,035	135

Observations respecting the above :—

The amount of £41,035 represents the whole of Grants approved but part of this amount has not yet been paid to the applicants until work is completed.

1. Inspections of Dwellings during the year 1955

(i) Inspected for housing defects under Public Health Acts	46
(ii) Inspected for housing defects under Housing Acts	7
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	0
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation ..	34

2. Remedy of defects by Informal Action

Number of dwellings rendered fit in consequence of Informal Action	41
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3. Action under Statutory Powers (Public Health & Housing Acts)

(A) Proceedings under Section 9, 10 and 16 of Housing Act 1936

(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	Nil
(ii) Number of dwellings rendered fit after service of formal notices :—	
(a) By Owners	Nil
(b) By Local Authority in default of owners	Nil

(B) Proceedings under Public Health Acts

(i) Number of dwellings in respect of which formal notices were served	Nil
(ii) Number of dwellings rendered fit after service of formal notices :—	
(a) By Owners	Nil
(b) By Local Authority in default of owners	Nil

(C) Proceedings under Section 11 and 13 of the Housing Act, 1936

(i) Number of Demolition Orders made	13
(ii) Number of Houses demolished as result of Demolition Order	7
(iii) Number of undertakings accepted	6
(iv) Number of undertakings completed	Nil

(D) Proceedings under Section 25 and 26 of the Housing Act, 1936

(i) Number of houses under which Demolition Orders were made	Nil
(ii) Number of houses demolished in pursuance of Demolition Orders	Nil

(E) Closing Orders—Proceedings under Section 12 of the Housing Act 1936 and Section 10, Local Government (Miscellaneous Provisions) Act, 1953

(i) Number of separate tenements or underground rooms in respect of which closing orders were made	Nil
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled as a result of premises having been made fit	Nil

4. Housing Act, 1936. Part iv. Overcrowding

(i) Number of cases of overcrowded dwellings at end of year	2
(ii) Number of cases discovered during year	2
(iii) Number of cases abated during year	2

5. Local Government (Miscellaneous Provision) Act, 1953

Closing orders made under Section 10(1)	NIL
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NUISANCES

Public Health Acts

Number of Informal Notices served during the year	18
Number of Informal Notices complied with	15

RODENT CONTROL

Rats and Mice (Prevention of damage by Pests Act, 1949)

For the first time the Council have appointed a Part-time Rodent Officer. The need for this operator has been apparent for some years.

Number of Properties inspected by the Local Authority during 1955 :—

Number of Properties Inspected by the Local Authority during 1989						
			<i>Local Authority</i>	<i>Domestic</i>	<i>General Business</i>	<i>Farm</i>
No. of Properties Surveyed	..	..	9	31	3	41
Treatments Carried Out	..	..	36	63	9	82

WATER SUPPLY

Parts 3 of the Comprehensive Scheme is now in course of completion.

Part 4 is to commence early in 1956.

Part 5 at the moment is pending and it is hoped that a start will be made in 1957.

The new Pumping Station, for the whole Scheme, situated at Burton Field, Mere, has been completed and is now in operation.

The following data dealing with Bacteriological samples is submitted in accordance with Circular 13/47 Ministry of Health.

Most of the piped water in the district is of excellent quality. The quality of water from the numerous shallow wells varies considerably.

The water supplied by the Council is alkaline and has no plumbo-solvent properties.

Chlorination is carried out to all public services except at Teffont, East Knoyle and Berwick St. John. These supplies are chlorinated when occasion demands.

Number of houses supplied from Public sources in villages :—

PARISH	DIRECT		BY STANDPIPE	
	No. of Houses	Population (approx.)	No. of Houses	Population
Mere	614	2090	—	—
Zeals	111	310	—	—
West Knoyle	36	117	—	—
Sedgehill	23	120	—	—
Hindon	123	430	8	22
Chilmark	83	255	5	12
Tisbury	433	1482	—	—
Teffont	49	143	41	92
Swallowcliffe	21	80	—	—
Donheads	313	857	—	—
Sutton Mandeville	8	21	—	—
Berwick St. John	90	270	—	—
East Knoyle	95	285	—	—
	<u>1999</u>	<u>6460</u>	<u>54</u>	<u>126</u>

ANALYSIS OF WATER SUPPLIES (BACTERIOLOGICAL)

(a) Public Supplies

Parish	No. of samples taken	No. satisfactory	Remarks
Mere	7	7	—
Tisbury	4	4	—
Donhead	4	4	—
Berwick St. John	5	5	—
East Knoyle	4	4	—
Teffont	5	5	—

(b) Private Sources

Number of samples taken during year	15
Number satisfactory	4
Number unsatisfactory	11

Necessary action was taken to have the unsatisfactory supplies chlorinated, or wells cleaned out, where necessary.

When the Comprehensive Water Scheme is completed many wells in the district will be closed.

Source of Existing Water Supplies

The parishes of Alvediston, Sutton Mandeville and Tollard Royal are, at the moment, supplied mainly from wells.

Population with piped supplies	..	..	..	..	..	..	..	7733
Population with stand-pipe supplies	..	..	..	..	..	..	..	140

ANALYSIS OF WATER SUPPLIES (CHEMICAL)

One sample was taken for Chemical Analysis — Result satisfactory.

SEWERAGE AND SEWAGE DISPOSAL WORKS

Mere

There has been no change in the condition of the Sewage Works.

Number of connections made to the Sewer: 8.

Tisbury

Progress with regard to reconstruction of the new Works has been disappointing but it is now stated that a start will be made in March, 1956.

Number of connections made to the Sewer: 5.

Hindon

Modern Sewage Works are in operation in this village.

Number of connections made to the Sewer: 10.

Zeals

These Works continue to functioning efficiently.

Number of connections made to the Sewer: 8.

East Knoyle

The condition remains unchanged, approximately 40 houses are connected up.

Reconstruction is awaited.

Private Schemes

Maiden Bradley—The negotiations for taking over these Works are still pending and a decision may be reached in 1956.

The small schemes at Berwick St. John and Semley are working satisfactorily.

In the remaining villages Septic Tank and Pail Closet are in use for individual houses.

44 Septic Tanks were installed during the year.

Provision for emptying Septic Tanks and Cesspools is carried out by private contract at the expense of the owner.

PUBLIC CLEANSING

Household and Trade Refuse

The organised system of the collection and disposal of Refuse continues in force. Collections are bi-weekly at Mere and Tisbury and monthly in the remaining villages.

No charge is made for Trade Refuse.

The location of new Refuse Tips has become a problem of increasing difficulty. Surveys are being made, continually, with a view to finding new areas for dumping. A number of sites have been earmarked for future use.

Number of Loads collected	..	..	..	..	..	..	..	735
Approximate tonnage	..	..	..	..	..	..	..	1470 tons

SALVAGE

After a lapse of two years the collection of waste paper was again put in hand.

The waste paper is collected at the same time as refuse, baled and sacked before despatch to the Mills at Reading.

The following amounts have been collected and despatched during 1955 :—

				<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>			<i>Value :</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Waste paper baled	..	..	..	4	9	1	..	..	..	35	14	0
				2	0	1	..	..	..	16	2	0
				5	7	3	..	..	..	43	2	0
				3	9	3	..	..	..	27	18	0
				4	7	0	..	..	..	34	16	0
				5	4	2	..	..	..	41	16	0
				4	5	1	..	..	..	34	2	0
Books Baled	..	..	..		11	0	..	..	..	4	19	0
Books Unbaled	..	..	..	4	5	0½	..	..	..	21	5	7
Containers Baled	..	..	..	2	4	0	..	..	..	20	18	0
„	„	..	..	1	10	0	..	..	..	14	5	0
„	„	..	..		18	0	..	..	..	8	11	0
TOTAL	..	..	..	38	11	3½				£303	8	7

It will be seen from the above that Salvage is a valuable contribution to the Rates and there is no doubt, with more support from the Public, the collection could be considerably augmented.

INSPECTION AND SUPERVISION OF FOOD

1. MEAT INSPECTION

There are two Private Slaughterhouses functioning in the District.

The remaining Butchers, as in previous years, continue to obtain their supplies mainly from the Central Slaughterhouse, Salisbury, and occasionally from Wimborne.

Regular inspections have been carried out and there is no adverse comment to make.

The following were condemned and voluntarily surrendered :—

			<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
All Diseases except Tuberculosis—							
Whole carcasses condemned	..		nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	..	..	4	nil	nil	nil	3
Tuberculosis Only—							
Whole carcasses condemned	..		nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	..	..	nil	nil	nil	nil	nil
Total Weight :							
Meat (Home Killed)	..	..	..	..	..	189 lbs.	
„ (Imported)	..	..	..	..	..	145 lbs.	
Pork	..	..	..	..	..	72 lbs.	

2. MILK SUPPLIES

Supplies of milk have been generally satisfactory throughout the year both in quality and quantity.

Samples taken during 1955 :—

	<i>METHYLENE BLUE</i>		<i>BIOLOGICAL</i>		
	<i>Pass</i>	<i>Fail</i>	<i>Negative</i>	<i>Positive</i>	
				<i>Tub.</i>	<i>Brucella</i>
Non-Designation Raw Milk	9	1	9	—	—
Designated Raw Milk ..	27	5	41	—	1
<i>METHYLENE BLUE & PHOSPHATASE</i>					
	<i>Pass</i>	<i>Fail</i>			
Pasteurised	5	—	—	—	—

Premises Registered

Producer Retailers .. .. .	..	..	..	..	..	..	23
Dairies (not being Dairy Farms)	..	..	..	..	..	..	1
Distributors .. .. .	..	..	..	..	..	..	5

Licences Renewed

Dealers Licence to use Special Designation "Tuberculin Tested" ..	..	..	..	..	5
Supplementary Licence to retail "Tuberculin Tested" ..	..	..	..	..	3
Dealers Licence to use Special Designation "Pasteurised"					2
Supplementary Licence to retail "Pasteurised" ..	..	..	..	..	3

3. FOOD PREPARING PREMISES

Systematic inspections were carried out and conditions were found to be satisfactory.

The number of Bakehouses continue to be reduced and it would appear that in the course of time, so far as the Rural Area is concerned, Bakehouses will cease to exist. Many people are now purchasing wrapped, sliced bread, the product of large scale Bakeries situated outside the District. From an hygienic point of view this practice is to be commended.

4. ICE CREAM

No ice cream is manufactured in the District, supplies, as in previous years, being obtained from reliable manufacturers.

The premises were supervised and conditions for storing the ice cream were found to be satisfactory.

Premises registered for the Sale of Ice Cream	29
---	----	----	----	----	----	----

There were no cases of illness arising from the consumption of this food.

5. SAUSAGES AND PREPARED FOOD

Number of Premises registered under Section 14 of the Food and Drugs Act, 1938.

Premises registered for the Sale or Manufacture of Sausages and Prepared Food	20
---	----	----	----

6. FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption :—

Tinned Meat .. .. .	..	..	..	..	..	..	..	13	tins
„ Fruit .. .. .	..	..	..	..	..	..	..	41	„
„ Milk .. .. .	..	..	..	..	..	..	..	12	„
„ Vegetables .. .. .	..	..	..	..	..	..	..	10	„
Fish .. .. .	..	..	..	..	..	..	..	1	lb.

7. **SAMPLING UNDER THE FOOD AND DRUGS ACT** is carried out under the direction of the Weights and Measures Department, Wiltshire County Council.

8. "FOOD POISONING "

Two cases of Food poisoning were reported during the year, both of infection due to Salmonella Typhimurium.

9. FOOD REGULATIONS—FOOD and DRUGS ACT, 1955

The Food and Drugs Act which will come into operation in January, 1956, will consolidate previous legislation including Food and Drugs Act, 1938, Milk and Dairies and Artificial Cream Act, 1955, and various other amendments.

The first significant feature of the new Regulations made under the Act is their wide application, compared with Section 13 of the 1938 Act.

In this new legislation may be seen the concern felt about the increase in the number of food poisoning outbreaks over recent years.

They are potent additions to the Health Statutes and represents a big step forward in the progress of Food Hygiene.

Implementing them will not be easy and more tact and firmness than usual will be necessary to ensure that these new Regulations achieve their object.

SLAUGHTER OF ANIMALS ACT, 1933

Number of renewals of Licences issued to Slaughtermen under the 1933 Act 13

SMOKE ABATEMENT

The usual observations were kept on the few factory chimneys. One complaint was received and necessary action taken to abate the nuisance.

FACTORIES

Factories Acts, 1937 and 1948

INSPECTIONS

	<i>Premises</i>	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Number of Written Notices</i>	<i>Number of Occupiers Prosecuted</i>
(i)	Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities (Factories without Mechanical Power)	7	12	1	nil
(ii)	Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mechanical Power)	32	38	nil	nil
(iii)	Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	nil	nil	nil	nil
	Total	39	50	1	nil

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

<i>Particulars</i>	<i>Number of cases in which defects were found</i>			<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	
Want of cleanliness ..	1	1	nil	nil
Total ..	<u>1</u>	<u>1</u>	<u>nil</u>	<u>nil</u>

OUTWORKERS Section 110, Factories Act 1937

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 110 (1) (c) (3)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel :			
Making etc., Cleaning and Washing	38	nil	nil
Total ..	<u>38</u>	<u>nil</u>	<u>nil</u>

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

There are no premises requiring Licensing or Registering under the above Act.

T. A. BROWN,
Sanitary Inspector.

